(FILE HOME ENTERED AT 11:15:54 ON 15 SEP 2006)

FILE BIOSIS: CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 11:16:14 ON 15

THE ATHEROSCLER? AND PLAQUES

119 3 L1 AND (LIPID POOL)

62 DUPLICATE REMOVE L2 (57 DUPLICATES REMOVED) 21.8 L3 AND PD<2000

AND ANTIBOD?

FILE PROPER INTERED AT 11:15:54 ON 15 SEP 2006)

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119 S L1 AND (LIPID POOL)

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L2 L3

L4 L5

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ANSWER 2 OF 3 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
   reserved on STN
    90308825 EMBASE
DN
     1990308825
     Atherosclerotic plaque rupture and thrombosis. Evolving
    Fust r V.; Stein B.; Ambrose J.A.; Badimon L.; Badimon J.J.; Chesebro J.H.
AU-
    Division of Cardiology, Mount Sinai Medical Center, One Gustave L. Levy
     Place, New York, NY 10029, United States
     Circulation, (1990) Vol. 82, No. 3 SUPPL., pp. II-47-II-59. .
    CISSN: 0009-7322 CODEN: CIRCAZ
    . United States
    Journal; Conference Article
    005 General Pathology and Pathological Anatomy
             Internal Medicine
    014
            Radiology
    Cardiovascular Diseases and Cardiovascular Surgery
     Briglish
LA
BL
     English .
RD:
     Entered STN: 13 Dec 1991
     Last Updated on STN: 13 Dec 1991
     Rupture of an atherosclerotic plaque associated with partial or
AB.
     complete thrombotic vessel occlusion is fundamental to the development of
     ischemic coronary syndromes. Plaques that produce only
     mild-to-moderate angiographic luminal stenosis are frequently those that
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     undergo abrupt disruption, leading to unstable angina or acute myocardial
    infarction. Plaques with increased lipid content appear more
    prone to rupture, particularly when the lipid pool is
    localized eccentrically within the intima. Macrophages appear to play an
     important role in atherogenesis, perhaps by participating in the uptake
     and metabolism of lipoproteins, secretion of growth factors, and
     production of enzymes and toxic metabolites that may facilitate plaque
     rupture. In addition, the particular composition or configuration of a
     plaque and the hemodynamic forces to which it is exposed may determine its
     susceptibility to disruption. Exposure of collagen, lipids, and smooth
     muscle cells after plaque rupture leads to the activation of platelets and
     the coagulation cascade system. The resulting thrombus may lead to marked
     reduction in myocardial perfusion and the development of an unstable
     coronary syndrome, or it may become organized and incorporated into the
3 -.
     diseased vessel, thus contributing to the progression of
     atherosclerosis. In unstable angina, plaque disruption leads to
    thrombosis, which is usually labile and results in only a transient
     reduction in myocardial perfusion. Release of vasoactive substances,
     irterial spasm, or increases in myocardial oxygen demand may contribute to
     ischemia. In acute myocardial infarction, plaque disruption results in a
     more persistent thrombotic vessel occlusion; the extent of necrosis
     depends on the size of the artery, the duration of occlusion, the presence
     of colleteral flow, and the integrity of the fibrinolytic system.
     that undergo lysis expose a highly thrombogenic surface to the circulating
     blood, which has the capacity of activating platelets and the coagulation
     cascade system and may lead to thrombotic reocclusion. Measurements aimed
     at reversing the process of atherosclerosis via cholesterol
    * reduction and enhanced high density lipoprotein activity are encouraging.
    tools, such as inhibitors of thrombin, thromboxane, and serotonin receptor
            Such as inhibitors of thrombin, thromboxane, and serotonin receptor
     antagonists, and monoclonal antibodies aimed at blocking
     platelet membrane receptors or adhesive proteins. These compounds may
    proverus ful when immediate and potent inhibition of the hemostatic system
     is desired. Intensive research is still needed in the areas of
     pathogenesis and therapeutic intervention in atherosclerosis.
CI
     Medical Descriptors:
     * cute heart infarction: DI, diagnosis
     ecute heart infarction: ET, etiology
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*angiography

Tinstable angina pectoris: DI, diagnosis functible angina pectoris: ET, etiology ultrastructure human conference paper priority journal